

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF IDAHO AT BOISE		PROOF OF CLAIM Chapter: 13	
In re (Name of debtor-if individual, enter Last, First, Middle) <b>PERRITTE, JAMES</b>		Case Number: 0101998	
NOTE: This form should not be used to make a claim for an administrative expense arising after commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property) <b>FIRST USA BANK, N.A.</b>		<input type="checkbox"/> Check the box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check the box if you are aware that anyone else has filed a proof of claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check the box if this address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should Be Sent: <b>FIRST USA BANK, N.A. P.O. BOX 149265 AUSTIN, TX 78714</b>			
Account or Other Number By Which Creditor Identifies Debtor <b>4417128419544752</b>		Check here if this claim ( ) replaces a previously filed claim, dated _____ ( ) amends	
<div>1. BASIS FOR CLAIM</div> <div><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/ wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Credit Card</div> <div><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</div>			
2. DATE DEBT WAS INCURRED: Charges Made Prior to Filing		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured priority, (2) Unsecured non-priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF CLAIM.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of mortgage and other charges included in secured amount above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use- 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Taxes or other penalties of government units- 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Other- 11 U.S.C. § 507 (a)(2), (a)(5) - describe briefly	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:		<div><div>\$ 6,292.76 (Unsecured)</div><div>\$ _____ (Secured)</div><div>\$ _____ (Priority)</div><div>\$ 6,292.76 (Total)</div></div> <div><input type="checkbox"/> Check this box if claim includes prepetition claim charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</div>	
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 7/22/2001		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Marian Gannett, Esq., WSBA No. 11033 Attorney for FIRST USA BANK, N.A.	

## Account Summary

Name: PERRITTE, JAMES  
SSN: 549-31-0388  
Address: 9273 W CALICO ST  
End Balance: \$6,292.76  
Last Payment Date:  
Last Payment Amt:  
Last Purchase Date:  
Last Purchase Amt: